

CLAIMS ONLY							Application Number <i>09/688066</i>	Filing Date	
							Applicant(s)		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1							51		
2			/				52		
3			/				53		
4			/				54		
5			/				55		
6			/				56		
7			/				57		
8			/				58		
9			/				59		
10			/				60		
11			/				61		
12			/				62		
13			/				63		
14							64		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep			1				Total Indep		
Total Depend			8				Total Depend		
Total Claims			9				Total Claims		